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				Stephanie Seidman (Depositor's name)	
				(Signature)	
				10/13/2006 (Date)	
APPLICATION NO. 10/684,212	FILING DATE 10/10/2003		FIRST NAMED		
10/004,212	10/10/2003		Litu i	Zhi 45026.00127.UTL1 8674 18202-048001/1087	
TITLE OF INVENTION: 5-SUBSTITUTED 7,9-DIFLUORO-5H-CHROMENO [3,4-F] QUINOLINE COMPOUNDS AS SELECTIVE PROGESTERONE RECEPTOR MODULATOR COMPOUNDS					
APPLN. TYPE	SMALL ENTITY	ISSUE		PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE	
nonprovisional	NO	\$1400		\$300 \$1700 10/20/2006 TECHNIA TECHNIA TAMBS7 10684212	
EXAMINER AULAKH, CHARANJIT		ART UNIT		CLASS-SUBCLASS/17/2006 TBESHAH2 2000057 10684212	
Change of correspondence address or indication of "Fee Address				מו ממ ממכ מו עול בין או או מו	
CFR 1.363). [] Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			2. For printing on the patent front page, hist (1)-the names of up to 3 registered patent attorneys of up to 3 registered patent attorneys of up to 3 registered patent attorneys of the name of a single firm (having as a member a registered attorney or 2. Stephanie Seidman		
[] "Fee Address" indicate PTO/SB/47; Rev 03-02 or	agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name				
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PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE (CITY and STATE OR COUNTRY)					
Ligand Pharmaceuticals Incorporated San Diego, CA					
Please check the appropriate	Please check the appropriate assignee category or categories (will not be printed on the patent): [] individual [X] corporation or other private group entity [] government				
[X] Issue Fee [X] Publication Fee (No small entity discount permitted) [X] Advance Order - # of Copies14 [X] T			[] Paymer [X] The Di	f Fee(s): k in the amount of the fee(s) is enclosed. nt by credit card. Form PTO-2038 is attached. rector is hereby authorized to charge the required fee(s), or credit any overpayment, to count Number 06-1050 (enclose an extra copy of this form).	
5. Change in Entity Status (from status indicated above) [] a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. []b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).					
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(Authorized Signature)				(Date) October 13, 2006	
Typed or Printed Name Stephanid Seidmon				Registration No. <u>.33,779</u>	
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